Case 1:06-cr-00101-MHAT-4 A SOBORIZ DODUMNO NOTIFICATION FOR FIRE OF 100 PMPT Page 1 of 1

1. CIR./DIST./DIV. CODE ALM	2. PERSON RE	SON REPRESENTED Okonkwo, Matthew				VOUCHER NUMBER 0703 2100019		
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000101-001		5. APPEALS DKT/DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED		ENTED	10. REPRESENTATION TYPE (See Instructions)	
U.S. v. Okonkwo,et al.		Felony		Adult Defendant		Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 371.F CONSPIRACY TO DEFRAUD THE UNITED STATES								
REQUEST AND AUTHORIZATION FOR TRANSCRIPT								
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) APPEAL BQ:EF								
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).								
10-31-06 & 11-1-06-JURY TRIAL, 1-18-07-SENTENCING								
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)								Judge's Initials
A. Apportioned Cost % of transcript with (Give case name and defendant)								
B. Expedited Daily Hourly Transcript Real Time Unedited Transcript								
C. Prosecution Opening Statement Defense Opening Statement Defense Argument Voir Dire Jury Instructions								
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.								
15. ATTORNEY'S STATEMENT 16. COURT ORDER								
As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United Staps pursuant to the Criminal Justice Act.				Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted.				
							1	
Signature of Attorney Date 3/20/07				COURT ORLER Signature of Presiding Judicial Officer or By Order of the Court				
Kussell T Durdski				3-5-0 1 Date of Order Nunc Pro Tunc Date				
Printed Name Telephone Number: (534) 260-9733				Date of Order Number of Tune Date				pate
Panel Attorney Retained Atty					Transfit Y			
CLAIM FOR SERVICES								
17. COURT REPORTER/TR	18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS							
M Official □ Contract □ Transcriber □ Other 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE				AND MAILING ADDRESS M. Tahell P. ReisNER 222 Clover field Rd. Hope Hull, Al 36043				
				,	TOP.	Teleph	one Number: 33	265.2500
20. TRANSCRIPT	P	Include age Numbers	No. of Pages	Rate Per Page	1	-Total	Less Amount Apportioned	Total
Original			250	3.30	8:	25.00		825.00
Expenses (itemize):					<u></u>		<u></u>	
TOTAL AMOUNT CLAIMED: \$ 825.00								
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED								
I hereby certify that the above claim is for services rendered and is forrect, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.								
Signature of Claims My Market 1 / fer Date: 3-19-07								
ATTORNEY CERTIFICATION								
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.								
Signature of Attorney or Clerk Date								
APPROVED FOR PAYMENT - COURT USE ONLY								
3/26/07 APPRO								24. AMOUNT APPROVED \$25.00